Peer Respite: a national perspective

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NASMHPD Research Institute
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To Whom It May Concern:

I am writing on behalf of Laysha Ostrow who has been in treatment with me since March of 2004. She is on multiple medications to manage DSM IV diagnoses of bipolar disorder and anxiety NOS. It is my psychiatric opinion that Laysha is unable currently to support herself via full time employment. She is unlikely able to do so for the foreseeable future. Please contact me if you require additional information.

Sincerely,

[Signature]

md
Outline

I. Defining peer support in peer respites: What, How, Why?

II. Nationwide characteristics of peer respites

III. Example: 2nd Story, Santa Cruz
When you reach the end of your rope, tie a knot in it & hang on.

Franklin D. Roosevelt
Peer Support

People with lived experience creating mutual relationships based on respect, shared responsibility, and agreement of what is helpful

Increasing attention nationally and locally on implementing, evaluating, and regulating peer support practices
Peer Support Context

Peer support and peer specialists are a way to increase system and workforce capacity

Consistent findings that peer support contributes to reductions in emergency services use

Reimbursement mechanisms can risk medicalizing peer support and may compromise social justice advocacy
Why are there peer respites?

Psychiatric emergency services...

traumatizing and counter-therapeutic, do not build capacity to avert future psychiatric crises

internalized and social stigma, disruptions in relationships, and loss of meaningful opportunities

can be avoided if less coercive or intrusive supports are available in the community
What are peer respites?

Voluntary, short-term, overnight programs in a homelike environment provide community-based, trauma-informed, and person-centered crisis support and prevention. Staffed, operated, and overseen by people with lived experience of the mental health system (peers).
How do peer respites work?

- support guests through trusting relationships when experiencing or at-risk of experiencing a crisis

- foster relationships in which individuals help themselves and others through mutual support

- engage in advocacy to empower people to participate in and strengthen communities
Crisis diversion theory

- Psychosocial Stressors
- Psychiatric Crisis
- PEER RESpite
- Labeled/Living with Mental Health Problem
- Psychiatric Emergency Services
Peer Respite Growth
documented by nationwide biennial survey

Map of Survey Respondents

2010
N=11

2012
N=10 (12)

2014
N=17 (19)

2016
N=22 (33)
Minimum criteria defined by consensus panel

**Staffing**

- 100% of staff have lived experience of extreme states and/or the behavioral health system

**Leadership**

- All leaders have lived experience, and the job descriptions require lived experience of extreme states and/or the behavioral health system

**Governance**

- The peer respite is either operated by a peer-run organization OR has an advisory group with 51% or more members having lived experience of extreme states and/or the behavioral health system

**Consensus panel members:**

Darby Penney, The Community Consortium

Sera Davidow, Western Massachusetts Recovery Learning Community

Chris Hansen, Intentional Peer Support

Sally Zinman, California Association of Mental Health Peer-Run Organizations

Bevin Croft, Human Services Research Institute

Laysha Ostrow, Live & Learn
Peer Respite Essential Features Respondents
N=22 out of 33 total responses

Included in Analysis 67%

Excluded 33%

Criteria Not Met:
- leadership, governance & staff, 9%
- leadership, 3%
- governance, 6%
- leadership & staff, 6%
- leadership & governance, 9%
Proportion of funding from each source

- State: 46%
- County: 35%
- Managed Care contract: 7%
- Federal: 3%
- Guest: 3%
- Donations: 1%
- Medicaid: 0%
- Other: 4%
- Foundation: 1%
## Training of peer respite staff

<table>
<thead>
<tr>
<th>Training Area</th>
<th>Offer the Training</th>
<th>Require the Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified Peer Specialist Training</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Intentional Peer Support</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Wellness Recovery Action Planning</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Suicide Prevention and Response</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Other (Harm Reduction, Motivational...)</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Crisis Support</td>
<td>9</td>
<td>9</td>
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<tr>
<td>Physical Wellness</td>
<td>7</td>
<td>2</td>
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<tr>
<td>Trauma-Informed Supports</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>In-House Respite Training</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Train-the-Trainer (IPS, WRAP, and...)</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>CPR/First Aid/Safety</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Hearing Voices Network</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Cultural Competence/Diversity</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Substance Use Issues</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total Trainings Offered:** 57

**Total Trainings Required:** 58
Policy on suicide

- 2014:
  - No restriction: 8
  - Restriction on people who have a plan: 3
  - Other suicide policy: 6

- 2016:
  - No restriction: 16
  - Restriction on people who have a plan: 3
  - Other suicide policy: 3
For more information...

Visit [www.PeerRespite.net](http://www.PeerRespite.net) for:

- Directory of peer respites
- Compilation of research studies
- Resources to start and sustain peer respites
- Evaluation assistance
2nd Story Peer Respite House
Santa Cruz, CA
2nd Story Respite House, est. 2010

Funded by SAMHSA Transformation Grant, administered through a community-based mental health organization, overseen by County behavioral health department, evaluated by HSRI
Who used the respite?

209 unique guests between May 2011 and December 2014

• Many repeat visits
  • Guests stayed an average of 3 times
  • 209 guests (41%) stayed once, and 25 guests (5%) stayed ten or more times

• Length of stay varied
  • Ranged from 1 to 52 days
  • Average length of stay was 10 days
  • Most visits were 13 days
Likelihood of PES use

Respite guests were 70% less likely to use inpatient and emergency services

But likelihood of PES use increased with each additional day of respite stay

Hours in PES

Respite days were associated with significantly fewer inpatient and emergency service hours

But the longer the stay, the more PES hours the guests were likely to use

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After the MHTG Grant: 2\textsuperscript{nd} Story Currently

Funded by Santa Cruz County via Mental Health Services Act since the end of the SAMHSA funding

California Health Facilities Financing Authority (CHFFA) 2015 Peer Respite Care Grant Program provided $ for capital investments

Santa Cruz purchased a house for 2\textsuperscript{nd} Story; expands services from 6 overnight guests to 8
Introducing Medi-Cal: Future of 2nd Story

Consequences of the service expansion are that 2nd Story must become a licensed facility: Community Residential Treatment System (CRTS) aka Social Rehabilitation Program (SRP).

Additional licensed clinical case managers will be added to the program.

MHSA $ will continue to be used to pay for peer support workers.
“The wholesale co-optation of genuine peer support into peer-staffed positions within mainstream programs is a shining example of what we don’t want to see happen with peer-run respites.”

No peer specialist certification in California!!!
Lessons Learned

Peer respites operate on a continuum of control and management by people with lived experience

Evidence for effectiveness is limited to the point in time that corresponds to program features

Reimbursement strategies have the power to substantially change program approach

State officials and consumer stakeholders need to work together to implement financing options that support the goals of peer support
Consider...

How does the evolution of policy and program design impact sustainability?

What unique and non-redundant contributions does peer support bring to our communities?

Without fidelity standards, what exactly are we fighting for?

*Where do we go from here if we want to preserve this vision?*
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